

MONTANA LEGISLATIVE HISTORY

Chapter 310 19 2001

Bill H _____ S 108

Original bill & history ☒ c

H. Committee on Human Services

S. Committee on Public Health

Hearing Date(s) _____ c

Hearing Date(s) _____ c

3/5 ☒ c

1/19 ☒ c

_____ c

1/20 ☒ c

_____ c

_____ c

Date Out 3/13 ☒ c

* House amendments included

Did this bill originate in an interim committee? ☐ Yes ☐ No

Committee _____

Report _____

Bill Draft Number: LC0368**Bill Type - Number:** SB 108**Short Title:** Advanced practice registered nurse as professional person for mental health**Primary Sponsor:** Eve Franklin**Bill Actions - Current Bill Progress:** Became Law**Bill Action Count:** 46

Action - Most Recent First	Date	Votes Yes	Votes No	Committee
Chapter Number Assigned	04/21/2001			
(S) Signed by Governor	04/21/2001			
(S) Transmitted to Governor	04/11/2001			
(H) Signed by Speaker	04/09/2001			
(S) Signed by President	04/06/2001			
(S) Returned from Enrolling	04/06/2001			
(C) Sent to Printing	04/05/2001			
(S) Sent to Enrolling	04/04/2001			
(S) 3rd Reading Passed as Amended by House	04/04/2001	48	0	
(S) 2nd Reading House Amendments Concurred on Voice Vote	04/03/2001	49	0	
(S) Scheduled for 2nd Reading	04/03/2001			
(H) Motion Carried	03/31/2001			
(H) Returned to Senate with Amendments	03/31/2001			
(H) 3rd Reading Concurred	03/31/2001	91	9	
(H) Scheduled for 3rd Reading	03/31/2001			
(H) Motion Carried	03/29/2001			
(H) 2nd Reading Concurred	03/29/2001	95	5	
(H) Scheduled for 2nd Reading	03/29/2001			
(C) Sent to Printing	03/14/2001			
(H) Committee Report--Bill Concurred as Amended	03/14/2001			(H) Human Services
(H) Committee Executive Action--Bill Concurred as Amended	03/13/2001	17	1	(H) Human Services
(H) Hearing	03/05/2001			(H) Human Services
(H) Referred to Committee	02/01/2001			(H) Human Services
(H) First Reading	01/26/2001			
(S) Transmitted to House	01/25/2001			
(S) 3rd Reading Passed	01/25/2001	50	0	
(S) Scheduled for 3rd Reading	01/25/2001			
(S) 2nd Reading Passed on Voice Vote	01/24/2001	50	0	
(S) Scheduled for 2nd Reading	01/24/2001			

(S) Scheduled for 2nd Reading	01/23/2001		
(S) Committee Report--Bill Passed	01/22/2001		(S) Public Health, Welfare and Safety
(S) Committee Executive Action--Bill Passed	01/20/2001	10	0 (S) Public Health, Welfare and Safety
(S) Hearing	01/19/2001		(S) Public Health, Welfare and Safety
(S) Referred to Committee	01/03/2001		(S) Public Health, Welfare and Safety
(S) First Reading	01/03/2001		
(C) Introduced Bill Text Available Electronically	12/18/2000		
(S) Introduced	12/18/2000		
(C) Pre-Introduction Letter Sent	11/16/2000		
(C) Draft in Assembly/Executive Director Review	10/30/2000		
(C) Bill Draft Text Available Electronically	10/26/2000		
(C) Draft in Input/Proofing	10/26/2000		
(C) Draft to Drafter - Edit Review [CAJ]	10/26/2000		
(C) Draft in Edit	10/26/2000		
(C) Draft in Legal Review	10/25/2000		
(C) Draft to Requester for Review	10/25/2000		
(C) Draft Request Received	10/18/2000		

Sponsor, etc.

Sponsor, etc.	Last Name/Organization	First Name Mi
Requester	Legislative Finance Committee	
Drafter	Fox	Susan
By Request Of	Legislative Finance Committee	
Primary Sponsor	Franklin	Eve

Subjects

Description	Revenue/Approp.	Vote Majority Req.	Subject Code
Mental Illness or Incapacity (see also: Institutions)		Simple	MENT
Professions and Occupations E-N		Simple	PROE

Additional Bill Information

Probable Fiscal Note: No

Preintroduction Required: Y

Session Law Ch. Number: 310

DEADLINE

Category: General Bills

Transmittal Date: 02/23/2001

Return (with 2nd house amendments) Date: 03/31/2001

Section Effective Dates

Section(s) Effective Date Date Qualified

All Sections 01-OCT-01

2001 Montana Legislature

About Bill -- Links

SENATE BILL NO. 108

INTRODUCED BY E. FRANKLIN



AN ACT DEFINING "MENTAL HEALTH PROFESSIONAL" AND "PROFESSIONAL PERSON" TO INCLUDE ADVANCED PRACTICE REGISTERED NURSES WITH A CLINICAL SPECIALTY IN PSYCHIATRIC MENTAL HEALTH NURSING; PROVIDING THAT ADVANCED PRACTICE REGISTERED NURSES WITH A CLINICAL SPECIALTY IN PSYCHIATRIC MENTAL HEALTH NURSING HAVE RIGHTS REGARDING MEDICATION IN MENTAL HEALTH FACILITIES; AND AMENDING SECTIONS 27-1-1101, 53-21-102, 53-21-145, AND 53-21-165, MCA.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

Section 1. Section 27-1-1101, MCA, is amended to read:

"27-1-1101. Definition. As used in this part, "mental health professional" means:

- (1) a certified professional person as defined in 53-21-106;
- (2) a physician licensed under Title 37, chapter 3;
- (3) a professional counselor licensed under Title 37, chapter 23;
- (4) a psychologist licensed under Title 37, chapter 17; ~~or~~
- (5) a social worker licensed under Title 37, chapter 22; or

(6) an advanced practice registered nurse, as provided for in 37-8-202, with a clinical specialty in psychiatric mental health nursing."

Section 2. Section 53-21-102, MCA, is amended to read:

"53-21-102. Definitions. As used in this part, the following definitions apply:

(1) "Board" or "mental disabilities board of visitors" means the mental disabilities board of visitors created by 2-15-211.

(2) "Commitment" means an order by a court requiring an individual to receive treatment for a mental disorder.

(3) "Court" means any district court of the state of Montana.

(4) "Department" means the department of public health and human services provided for in 2-15-2201.

(5) "Emergency situation" means a situation in which any person is in imminent danger of death or bodily harm from the activity of a person who appears to be suffering from a mental disorder and appears to require commitment.

(6) "Friend of respondent" means any person willing and able to assist a person suffering from a mental disorder and requiring commitment or person alleged to be suffering from a mental disorder and requiring commitment in dealing with legal proceedings, including consultation with legal counsel and others. The friend of respondent may be the next of kin, the person's conservator or legal guardian, if any, representatives of a charitable or religious organization, or any other person appointed by the court to perform the functions of a friend of respondent set out in this part. Only one person may at any one time be the friend of respondent within the meaning of this part. In appointing a friend of respondent, the court shall consider the preference of the respondent. The court may at any time, for good cause, change its designation of the friend of respondent.

(7) "Mental disorder" means any organic, mental, or emotional impairment that has substantial adverse effects on an individual's cognitive or volitional functions. The term does not include:

- (a) addiction to drugs or alcohol;
- (b) drug or alcohol intoxication;
- (c) mental retardation; or
- (d) epilepsy.

(8) "Mental health facility" or "facility" means a public hospital or a licensed private hospital that is equipped and staffed to provide treatment for persons with mental disorders or a community mental health center or any mental health clinic or treatment center approved by the department. A correctional institution or facility or jail is not a mental health facility within the meaning of this part.

(9) "Next of kin" includes but is not limited to the spouse, parents, adult children, and adult brothers and sisters of a person.

(10) "Patient" means a person committed by the court for treatment for any period of time or who is voluntarily admitted for treatment for any period of time.

(11) "Peace officer" means any sheriff, deputy sheriff, marshal, police officer, or other peace officer.

(12) "Professional person" means:

- (a) a medical doctor; ~~or~~

(b) an advanced practice registered nurse, as provided for in 37-8-202, with a clinical specialty in psychiatric mental health nursing; or

(c) a person who has been certified, as provided for in 53-21-106, by the department.

(13) "Reasonable medical certainty" means reasonable certainty as judged by the standards of a professional person.

(14) "Respondent" means a person alleged in a petition filed pursuant to this part to be suffering from a mental disorder and requiring commitment.

(15) "State hospital" means the Montana state hospital."

Section 3. Section 53-21-145, MCA, is amended to read:

"53-21-145. Right to be free from unnecessary or excessive medication. Patients have a right to be free from unnecessary or excessive medication. A medication may not be administered unless at the written order of a physician or advanced practice registered nurse with a clinical specialty in psychiatric mental health nursing. The attending physician or advanced practice registered nurse with a clinical specialty in psychiatric mental health nursing is responsible for all medication given or administered to a patient. The use of medication may not exceed standards of use that are advocated by the United States food and drug administration. Notation of each individual's medication must be kept in the individual's medical records. The department ~~of public health and human services~~ shall adopt rules governing attending physician or advanced practice registered nurse with a clinical specialty in psychiatric mental health nursing review of the drug regimen of each patient under the physician's or the advanced practice registered nurse's care in a mental health facility, except that the drug regimen of inpatients in hospitals must be reviewed no less than weekly. Except in the case of outpatients, all prescriptions must be written with a termination date, which may not exceed 30 days. Medication may not be used as punishment, for the convenience of staff, as a substitute for a treatment program, or in quantities that interfere with the patient's treatment program."

Section 4. Section 53-21-165, MCA, is amended to read:

"53-21-165. Records to be maintained. Complete patient records must be kept by the mental health facility for the length of time required by rules established by the department ~~of public health and human services~~. All records kept by the mental health facility must be available to any person authorized by the patient in writing to receive these records and upon approval of the authorization by the board. The records must also be made available to any attorney charged with representing the patient or any professional person charged with evaluating or treating the patient. These records must include:

- (1) identification data, including the patient's legal status;
- (2) a patient history, including but not limited to:
 - (a) family data, educational background, and employment record;
 - (b) prior medical history, both physical and mental, including prior hospitalization;
- (3) the chief complaints of the patient and the chief complaints of others regarding the patient;

(4) an evaluation that notes the onset of illness, the circumstances leading to admission, attitudes, behavior, estimate of intellectual functioning, memory functioning, orientation, and an inventory of the patient's assets in descriptive rather than interpretative fashion;

(5) a summary of each physical examination that describes the results of the examination;

(6) a copy of the individual treatment plan and any modifications to the plan;

(7) a detailed summary of the findings made by the reviewing professional person after each periodic review of the treatment plan, required under 53-21-162(4), that analyzes the successes and failures of the treatment program and includes recommendations for appropriate modification of the treatment plan;

(8) a copy of the individualized discharge plan and any modifications to the plan and a summary of the steps that have been taken to implement that plan;

(9) a medication history and status that includes the signed orders of the prescribing physician or advanced practice registered nurse. The staff person administering the medication shall indicate by signature that orders have been carried out.

(10) a summary of each significant contact by a professional person with the patient;

(11) documentation of the implementation of the treatment plan;

(12) documentation of all treatment provided to the patient;

(13) chronological documentation of the patient's clinical course;

(14) descriptions of any changes in the patient's condition;

(15) a signed order by a professional person for any restrictions on visitations and communications;

(16) a signed order by a professional person for any physical restraints and isolation;

(17) a detailed summary of any extraordinary incident in the facility involving the patient, to be entered by a staff member noting that the staff member has personal knowledge of the incident or specifying any other source of information. The summary of the incident must be initialed within 24 hours by a professional person.

(18) a summary by the professional person in charge of the facility or by an appointed agent of the determination made after the 30-day review provided for in 53-21-163."

- END -

Latest Version of SB 108 (SB0108.ENR)
Processed for the Web on April 5, 2001 (2:20PM)

New language in a bill appears underlined, deleted material appears stricken.

Sponsor names are handwritten on introduced bills, hence do not appear on the bill until it is reprinted. See the status of this bill for the bill's primary sponsor.

Status of this Bill | 2001 Legislature | Leg. Branch Home
This bill in WP 5.1 | All versions of all bills in WP 5.1
Authorized print version w/line numbers (PDF format)

Prepared by Montana Legislative Services

(406)444-3064

MINUTES

MONTANA SENATE 57th LEGISLATURE - REGULAR SESSION COMMITTEE ON PUBLIC HEALTH, WELFARE AND SAFETY

Call to Order: By **VICE CHAIRMAN DUANE GRIMES**, on January 19, 2001 at 3 P.M., in Room 317-A Capitol.

ROLL CALL

Members Present:

Sen. Duane Grimes, Vice Chairman (R)
Sen. Chris Christiaens (D)
Sen. Bob DePratu (R)
Sen. Eve Franklin (D)
Sen. Don Hargrove (R)
Sen. Dan Harrington (D)
Sen. Royal Johnson (R)
Sen. Jerry O'Neil (R)
Sen. Emily Stonington (D)

Members Excused: Sen. Al Bishop, Chairman (R)
Sen. Fred Thomas (R)

Members Absent: None.

Staff Present: Jeanne Forrester, Committee Secretary
Susan Fox, Legislative Branch

Please Note: These are summary minutes. Testimony and discussion are paraphrased and condensed.

Committee Business Summary:

Hearing(s) & Date(s) Posted: SB 108, 1/16/2001; SB 135,
1/16/2001
Executive Action: SB 135; SB 108; SB 194; SB 34;
SB 88

HEARING ON SB 108

Sponsor: SEN. EVE FRANKLIN, SD 21, Great Falls

Proponents: Leslie Garvin, Board Of Visitors

Kathy McGowan, Montana Council of Community Mental Health Centers

Ed Amberg, Montana State Hospital

Randy Poulsen, Department of Public Health and Family Services

Kristi Blazer, Children's Comp Services

Sami Butler, Montana Nursing Services

Jani McCall, Deaconess Billings Clinic

SEN. MIGNON WATERMAN, SD 26, Helena

SEN. BOB KEENAN, SD 38, Bigfork

Brian Garrity, Mental Health Oversight Advisory Council

Opponents: None

Opening Statement by Sponsor:

SEN. EVE FRANKLIN, SD 21, Great Falls, introduced SB 108. There are two things this bill covers; the shortage of health care professionals able to provide services to those needing mental health services. This shortage is also caused by the geographics of the state. The state hospital has struggled to retain psychiatrists and this bill gives the Montana State Hospital clear authority to hire advanced practice registered nurses in a position to be evaluating patients and prescribing medications. This bill will make everyone more comfortable in that it explicitly gives full permission to do this. This will offer continuity in care and continuity in service. The other thing this bill does is redefine a professional person to include an advanced practice registered nurse, so they can be legitimized to do business with the Montana State Hospital. Currently, the only persons who are defined as professional persons are physicians. This bill would take away some of the unnecessary barriers for people seeking care, by including advanced practice registered nurses.

Proponents' Testimony:

SEN. WATERMAN, SD 26, Helena, as a member of Mental Health Oversight Committee, is in support of this bill.

Ed Amberg, Administrator, Montana State Hospital, said this is an important piece of legislation. Last fall he had the opportunity to hire 2 nurse practitioners to work on his staff. When he looked into the law, he found these individuals would not be able to prescribe medications; which is an important part of the job. Since they had to hesitate in hiring these persons, they took jobs in other places.

Sami Butler, Montana Nurses Association, said they support this bill. Advanced practiced registered nurses with a clinical specialty in psychiatric mental health have advance clinic training to care for those with a serious mental illness. There is a clinical shortage of qualified mental health professionals in this state, and we need to recognize the resources we have in Montana. This bill is an important step in providing cost effective psychiatric care to individuals in mental health facilities.

Leslie Garvin, Attorney, Montana State Hospital Board Of Visitors, supports SB 108 and submitted her testimony **EXHIBIT(1)**.

Kathy McGowan, Montana Council of Community Mental Health Centers, said the mental health centers really count on these nurses, when they can get their hands on them. It would be nice if the state mental hospitals could take advantage and hire these individuals.

Randy Poulsen, Department of Public Health and Family Services, said we support the portion of the bill that recognizes advanced practiced registered nurses as professional persons. He would like to clarify the role of professional person. Professional persons have the right to testify in commitment hearings, and this is a very serious function. The designation of professional persons is not a designation we take lightly and it is more than just passing a test. He said they support the bill.

Jani McCall, Deaconess Billings Clinic, said they strongly support this bill.

Brian Garrity, Mental Health Oversight Advisory Council, said the council wants to go on record for supporting this bill.

Dana Hillyer, Registered Nurse, submitted a letter of support **EXHIBIT(2)**.

{Tape : 1; Side : A; Approx. Time Counter : 0.1 - 13.3}

Opponents' Testimony: None

Questions from Committee Members and Responses:

SEN. O'NEIL asked if you can, would you consider having physician assistants (PA) do this job. **Mr. Amberg** stated we have considered that, but we haven't looked at physician assistants at this time.

SEN. O'NEIL asked if it is that you don't feel comfortable adding them at this time. **Mr. Amberg** said that nurse practioners can practice more independently.

SEN. JOHNSON asked if these positions are included in the budget. **Mr. Amberg** said there are no positions attached in the bill, since these positions are already included in the budget.

SEN. STONINGTON asked if you define someone as a professional person, does that just eliminate the need for them to take a test. **SEN. FRANKLIN** said in order to be designated as a professional person, they must submit an application to the DPHHS, if the application is approved, the person then takes a test in order to become designated. The present exemptions are for physicians.

SEN. STONINGTON asked why we need this status of professional persons. **SEN. FRANKLIN** said the department wants to have some assurances that the people working understand, to some degree, the ramifications of working with people with mental illness. However, having this requirement in the law does create barriers for finding people who can do the job.

SEN. GRIMES asked if advanced practical registered nurses are working in the mental health area in other states. **Ms. Butler** said yes they are doing this in other states.

Closing by Sponsor:

SEN. FRANKLIN said one of the differences between PA's and APRN's is that APRN's have an independent scope of practice. This bill does not expand the scope of practice. She asked for support of this bill.

{Tape : 1; Side : A; Approx. Time Counter : 13.3 - 26}

HEARING ON SB 135

Sponsor: **SEN. MIGNON WATERMAN, SD 26, Helena**

Proponents: **Kathy McGowan, Montana Council of Community Mental Health Centers**
Randy Poulsen, Department of Public Health and Family Services
Bonnie Adee, Mental Health Ombudsman
Jani McCall, Deaconess Billings Clinic

SEN. STONINGTON asked where their office is located. **Ms. Adee** said they are located on 8th Ave in the lower level of the State Historic Preservation Office.

SEN. GRIMES asked **SEN. WATERMAN** to give some examples of investigation when legal advise is needed.

{Tape : 1; Side : B; Approx. Time Counter : 0}

Closing by Sponsor:

SEN. WATERMAN the question of legal advise probably comes when a consumer is lost and doesn't know where to turn. Please support this bill.

EXECUTIVE ACTION ON SB 135

Motion: **SEN. JOHNSON** moved that **SB 135 DO PASS AS AMENDED, (SB013501.asf) EXHIBIT(3).**

Discussion:

SEN. GRIMES wants to know what is the extent of her investigation. **Ms. Adee** sees the scope of her investigation powers is to stay within the mandate of her office. These investigative powers are limited by mandate and are also limited by the resources of 1.5 people to do the work.

SEN. O'NEIL would like the ombudsman to have the power to handle cases in the prison system. **SEN. CHRISTIAENS** said he doesn't believe it does. **Ms. Fox** said she is not sure in practice how this works, but as long as there is a disclaimer from the inmate, you can access those records. **SEN. FRANKLIN** believes that health care records are kept separately from disciplinary records.

SEN. CHRISTIAENS asked what access do you have to records relating to an issue with a child with the DPHHS. **Ms. Adee** has had access to verbal information with permission of the parent. If the parent is no longer custodial, she cannot get information.

Vote: Motion carried 10-0. **Sen. Bishop** voted by proxy.

EXECUTIVE ACTION ON SB 108

Motion/Vote: SEN. HARRINGTON moved that SB 108 DO PASS. Motion carried 10-0. Sen. Bishop voted by proxy.

EXECUTIVE ACTION ON SB 194

Motion/Vote: SEN. CHRISTIAENS moved that SB 194 DO PASS AS AMENDED(SBO19402.and) EXHIBIT(5). Motion carried 10-0. Sen. Bishop voted by proxy.

EXECUTIVE ACTION ON SB 34

Discussion:

SEN. CHRISTIAENS asked if these amendments leave the personnel as they are and does not exempt them. Ms. Fox says the amendment returns the bill to status quo. SEN. GRIMES said we have far more flexible personnel policies then we had in the past with regard to pay.

Motion/Vote: SEN. HARRINGTON moved that SB 34 BE AMENDED EXHIBIT(6) SB003401.asf. Motion carried 9-1 with Johnson voting no. SEN. BISHOP voted aye by proxy.

SEN. JOHNSON said he voted no because he did not want the amendment to pass.

Motion/Vote: SEN. STONINGTON moved that SB 34 DO PASS AS AMENDED. Motion carried 10-0. SEN. BISHOP voted by proxy.

EXECUTIVE ACTION ON SB 88

Motion: SEN. CHRISTIAENS moved that SB 88 DO PASS.

Discussion:

SEN. JOHNSON said this bill reduces the cost of taking care of these people by 72%. SEN. GRIMES said maybe he doesn't understand this bill. SEN. CHRISTIAENS explained when we use Medicaid dollars the match for the state is 30% if these persons aged 18 - 21 are Medicaid eligible.

MINUTES

MONTANA HOUSE OF REPRESENTATIVES 57th LEGISLATURE - REGULAR SESSION COMMITTEE ON HUMAN SERVICES

Call to Order: By **CHAIRMAN BILL THOMAS**, on March 5, 2001 at 3:00 P.M., in Room 172 Capitol.

ROLL CALL

Members Present:

Rep. Bill Thomas, Chairman (R)
Rep. Roy Brown, Vice Chairman (R)
Rep. Trudi Schmidt, Vice Chairman (D)
Rep. Tom Dell (D)
Rep. John Esp (R)
Rep. Tom Facey (D)
Rep. Daniel Fuchs (R)
Rep. Dennis Himmelberger (R)
Rep. Larry Jent (D)
Rep. Michelle Lee (D)
Rep. Brad Newman (D)
Rep. Mark Noennig (R)
Rep. Holly Raser (D)
Rep. Diane Rice (R)
Rep. Rick Ripley (R)
Rep. Clarice Schrumpf (R)
Rep. Jim Shockley (R)
Rep. James Whitaker (R)

Members Excused: None.

Members Absent: None.

Staff Present: David Niss, Legislative Branch
Pati O'Reilly, Committee Secretary

Please Note: These are summary minutes. Testimony and discussion are paraphrased and condensed.

Committee Business Summary:

Hearing(s) & Date(s) Posted: SB 135, SB 52, SB 108,
3/2/2001

committee's concurrence in the bill. Rep. Laszloffy will carry the bill. {Tape : 1; Side : B; Approx. Time Counter : 21.6 - 27.2}

HEARING ON SB 108

Sponsor: SEN. EVE FRANKLIN, SD 21, Great Falls

Proponents: Ed Amberg, Administrator, Mt. St. Hospital, Warm Springs

Gene Haire, Ex. Dir., Mental Disabilities Bd. of Visitors

Bonnie Adee, Mental Health Ombudsman

Sami Butler, Mt. Nurses Assn.

Erin McGowan, Mt. Council of Community Mental Health Centers

Al Davis, Mental Health Assn. of Montana

Opponents: None

Opening Statement by Sponsor:

SEN. EVE FRANKLIN, SD 21, Great Falls, said that SB 108 was requested by the Legislative Finance Committee. The overarching issue that the subcommittee on mental health issues looked at in HJR 35 was what some of the barrier are for consumers of mental health services in accessing care. A number of things were identified, and two are dealt with in this bill. One is on page 2, line 21, which would add that a "professional person," in addition to being a medical doctor, may also be an advanced practice registered nurse with a clinical specialty in psychiatric mental health nursing. A professional person is given this designation by virtue of having filled out some content paperwork as to their work background in mental health and having passed an exam that is offered by the Dept. of Public Health & Human Services about state law. This allows them to have a formal relationship with the State Hospital that allows them to then be involved in the civil commitment process. These folks take this exam and fill out this paperwork, and a whole host of people can become professional persons, but physicians are exempt and this bill would also exempt APRNs from the whole paperwork process. It is an extension of the current scope of practice. It is something that APRNs do and is a piece of the statute that will be, to a greater degree, congruent with what APRNs currently do. On page 3 of the bill, language relates to the state hospital, which employs a number of psychiatrists. They are interested in also employing APRNs. They are not explicitly prohibited from hiring them, but there would be greater comfort to have it statutorily in the law that governs

their practice. Right now there are six physician slots that can be filled by psychiatrists. It is difficult to recruit professional health care folks and psychiatric personnel to the state. The state hospital often has to make a choice to have in locum tenens, or temporary, positions, so they have looked at what the tradeoffs are that there may be if one or two of those slots are filled with APRNs who would be stable, have prescriptive authority and the clinical background necessary to do the work rather than hiring physicians who may be transient and who may not always add to the fabric or permanency of the institution. {Tape : 1; Side : B; Approx. Time Counter : 27.2 - 28.7} {Tape : 2; Side : A; Approx. Time Counter : 0 - 3.4}

Proponents' Testimony:

Ed Amberg, Administrator, Mt. State Hospital, Warm Springs, said that this bill is very important for their facility and other mental health facilities in the state. It will improve access to care, or at least clarify what that access should be. The bill will clearly permit advanced practice registered nurses to be employed in mental health facilities and practice within the scope of their license. Right now there is a state law that has defined how they can practice, but there is another provision in the mental health statutes that states the only person who can prescribe medication to a person in a mental health facility is a physician. That needs to be changed in this day and age, and this is what the bill will do. {Tape : 2; Side : A; Approx. Time Counter : 3.4 - 6.4}

Gene Haire, Ex. Dir., Mental Disabilities Board of Visitors, said they support the bill, primarily because it expands access to health care services for people with mental illnesses in Montana, in particular at Montana State Hospital. {Tape : 2; Side : A; Approx. Time Counter : 6.4 - 7.4}

Bonnie Adee, Mental Health Ombudsman, said she is reflecting support for this bill from those consumers and family members that she has listened to. There really is a need for greater access to psychiatric care across the state and at the State Hospital. To have another practitioner able to do the prescribing and provide psychiatric care will help to address a real need. The times that she has heard from individuals who have had care from an APRN, their experience has been positive. This is not necessarily statistically valid, but, on their behalf, she wanted to affirm that it is a very positive, useful relationship, patient to practitioner, to have an APRN doing psychiatric care. {Tape : 2; Side : A; Approx. Time Counter : 7.4 - 9.7}

Sami Butler, Mt. Nurses Assn., said they support the bill. APRNs with a clinical specialty in psychiatric mental health have advanced education and training to care for individuals with various mental illnesses. They have the knowledge base to assess, to diagnose, to prioritize, and, with prescriptive authority, to prescribe and monitor psychopharmacological treatments for individuals with complex psychiatric problems. They're clearly qualified to provide the kind of consistent, compassionate care needed to treat mental health in our state. There is a critical shortage of qualified mental health professionals in Montana. We need to recognize the resources that we have here and optimize the use of these qualified nurses to the fullest extent of their education and their clinical expertise. This bill is a step in providing quality, cost-effective psychiatric care to individuals in mental health facilities. {Tape : 2; Side : A; Approx. Time Counter : 9.7 - 10.2}

Erin McGowan, Mt. Council of Community Mental Health Centers, said that APRNs are highly in need at the four regional community mental health centers as well as at the State Hospital. They employ them as often and use them as much as they can, as they are highly valuable. They support this bill. {Tape : 2; Side : A; Approx. Time Counter : 10.2 - 10.8}

Al Davis, Mental Health Assn. of Montana, said his organization strongly supports this bill. {Tape : 2; Side : A; Approx. Time Counter : 10.8 - 11.2}

Opponents' Testimony: None

Informational Testimony: None

Questions from Committee Members and Responses:

Rep. Newman asked **Sami Butler** to give a thumbnail sketch of the training of APRNs. **Ms. Butler** said they have a master's degree and then they are certified nationally by their board in the specialty of psychiatric mental health. **Rep. Newman** asked if the nurses' board certification is much like that in the physicians' field, that they actually have to sit for a particular board test. **Ms. Butler** said they do have to sit for a test to be certified by the board on the national level. **Rep. Newman** asked how many APRNs are out there and available. **Ms. Butler** said she can't quote the exact number but would get it for him. She believes there are 35 in the state.

Rep. Facey asked **Mr. Amberg** what the salary is for a psychiatrist. **Mr. Amberg** said if they could hire a psychiatrist on their staff,

the starting salary is \$120,000 per year, \$125,000 per year if they are board certified. A locums, or temporary psychiatrist, costs the State Hospital approximately \$240,000 per year. **Rep. Facey** asked **Mr. Amberg** how much APRN clinical specialists would be paid. **Mr. Amberg** said \$65,000. **Rep. Facey** said in his community a mental health center would admit a patient to their hospital, but the center would not be responsible for treating the patient once they get to the hospital and they pass the costs on to the hospital. The psychiatrists are on call so have to deliver the service. He asked if the bill is passed, could an APRN clinical specialist take that responsibility. **Sen. Franklin** said he was talking about an interplay of a couple of different agencies and different parameters. Clinically within the scope of practice, an APRN could follow a patient into the hospital. It depends on whether that hospital gives attending privileges to that APRN, and that's different in different cities.

Rep. Esp asked the sponsor about section 2 where it talks about advanced practice registered nurse but doesn't say that they have to have a clinical specialty, and he wondered if that was intentional. **Sen. Franklin** said it is, and the definition on page 2 of the bill qualifies the references to an APRN on the following page. **Rep. Esp** asked if this section of the law only applied to the State Hospital at Warm Springs or to any hospital in Montana. **Sen. Franklin** said it refers to the statute that governs the practice of the State Hospital. There is nothing that precludes any hospital in the state from hiring and employing an APRN within scope of practice. **Rep. Esp** redirected his question to **Mr. Amberg**, asking if this section referred only to privileges at the Montana State Hospital, or could an APRN with a psychiatric specialty practice in any hospital in Montana. **Mr. Amberg** said number 8 under definitions states the definition of a mental health facility, which means a public hospital or licensed private hospital that is equipped and staffed to provide treatment, so technically right now an APRN could not prescribe medications but could provide other services in a mental health facility. There are other provisions of statute governing health care that do allow them to practice, so they're trying to clean up this conflict. The mental health statutes do apply to any mental health facilities. **Rep. Esp** asked **Mr. Amberg** if there is such a thing as a physician's assistant with a psychiatric specialty. **Mr. Amberg** said there are physicians' assistants, but he isn't sure about the psychiatric specialty. **Rep. Esp** asked if there would be any advantage to include them in this bill if there were such a thing. **Mr. Amberg** said this discussion was held in the Senate, and his understanding was that physicians' assistants have to practice under the supervision of a physician already, so he believes that they are already covered under the statute although they're not spelled out specifically. **Rep. Esp** asked **Sami Butler** about her statement that there are 35 nurse practitioners with this

speciality in the state, and she corrected her statement to say that there are 35 clinical nurse specialists and out of that, she is thinking that there are 7 clinical nurse specialists with psychiatric specialties.

Rep. Noennig asked for clarification of "professional person." **Sen. Franklin** said it is a role that is defined by DPHHS that allows a health care professional or mental health professional to have a formal relationship with the State Hospital and within the civil commitment process, so they can be involved in an assessment and commitment process. In order to do that, the person applies to DPHHS and goes through a set process. **Rep. Noennig** asked if the educational requirements to be an APRN and be able to dispense medication should be added to statute. **Sen. Franklin** said this is done in rule by the Board of Nursing.

Rep. Schmidt asked **Sami Butler** to clarify her statement that there were 7 clinical nurse specialists in the state and **Ms. Butler** said they are clinical nurse specialists with psychiatric specialties. **Rep. Schmidt** asked if that was the same as an advanced practice registered nurse. **Ms. Butler** said APRN is a term that incorporates four types of advanced practice nurses: nurse practitioners, certified nurse mid-wives, clinical nurse specialists, which is what we are talking about here, and certified registered nurse anesthetists. The national certification only grants the designation of clinical nurse specialist after the person has passed a test and has a master's degree. That's why with clinical nurse specialists, the minimum is a master's degree, because they can't get certified nationally or even apply for certification unless they have a master's. **Rep. Schmidt** asked if the APRN we're talking about is the same as the clinical nurse specialist. **Ms. Butler** said APRN is the catch-all term, and one of those categories is a clinical nurse specialist. An APRN can have a clinical nurse specialty in geriatrics, or pediatrics, or critical care, but these approximately 7 in the state that she had referred to have had their certification in the psychiatric clinical nurse specialty. **Rep. Schmidt** asked for clarification if this is not just for the State Hospital but could be used in other arenas, and **Ms. Butler** said also in other mental health facilities as defined in the bill. **Rep. Schmidt** asked if these facilities are all listed in the bill and **Ms. Butler** said she believed they were.

Rep. Brown said in order for APRNs to prescribe drugs, they would have to have a diagnosis, and he asked **Mr. Amberg** if we are asking the APRNs with this specialty to also diagnose the problems. **Mr. Amberg** said in the State Hospital they have a privileging committee that decides who is qualified to do what types of tests, and that committee would look at the APRNs' qualifications for the job and

what types of things they'd need to do and what level of supervision they'd need. **Rep. Brown** said the committee didn't hear anything from physicians or psychiatrists, and he asked the sponsor if there was any opposition to the bill from them. **Sen. Franklin** said the Mt. Medical Assn. supported the bill in the Senate, and there has been no opposition. She said that under scope of practice in current law, master's prepared clinicians can assess, diagnose and treat patients.

Rep. Noennig asked **Sami Butler** for clarification of the statutory authority for non-physicians, and she said she would find it for him. **Rep. Facey** asked **Bonnie Adee** if clients who use the system want a bill like this, and she said that to the best of her knowledge, she would say yes. **Rep. Facey** asked **Al Davis** how the users of the system feel about this bill, and he said many members of the Mental Health Assn. are consumers and they felt this bill would improve mental health services.

Chairman Thomas asked the sponsor if there are any restrictions as to reimbursement for these services, such as whether they have to be in a hospital setting. **Sen. Franklin** said this is a sticky wicket because there has been a long history of negotiations between private insurers and what they will or won't cover for direct service. These individuals who have an independent practice can be reimbursed by Medicaid, Medicare and private insurance. {Tape : 2; Side : A; Approx. Time Counter : 11.2 - 30} {Tape : 2; Side : B; Approx. Time Counter : 0 - 3.2}

Closing by Sponsor:

Sen. Franklin said she would also have other APRN bills before this committee, so wanted to clarify a couple of issues, including that of a professional person. The reason APRNs are put in this statute is so they can be exempt from the paperwork process through DPHHS that also exempts physicians. There are a number of other individuals who apply for the professional person status, including social workers, some of whom don't have all the qualifications but they go through the DPHHS process and are designated as professional persons to do those commitments. This bill is asking for the APRNs who have the level of ability to diagnose and assess psychiatric problems to be exempt from that paperwork. The idea is if you have a patient in need of care, if you are a county attorney or somebody in a hospital setting and you want to get your patient cared for in the state hospital, you want as little bureaucracy as possible and want to use the right person to do the assessment and get the patient into treatment. She will visit with Rep. Noennig in an attempt to clarify points raised regarding the bill not qualifying "clinical specialist in psychiatry." She would not want to put the issue of prescriptive authority in statute. The Board of

HOUSE COMMITTEE ON HUMAN SERVICES

March 5, 2001

PAGE 16 of 17

Nursing has a very specific process, and they can then change by rule as practice changes and be sensitive to that. She hopes the committee will look favorably upon this bill in the spirit of providing better access to care for people who are qualified to do this. **Rep. Schmidt** will carry the bill in the House. **{Tape : 2; Side : B; Approx. Time Counter : 3.2 - 7.8}**

MINUTES

**MONTANA HOUSE OF REPRESENTATIVES
57th LEGISLATURE - REGULAR SESSION
COMMITTEE ON HUMAN SERVICES**

Call to Order: By **CHAIRMAN BILL THOMAS**, on March 12, 2001 at
3:00 P.M., in Room 172 Capitol.

ROLL CALL

Members Present:

Rep. Bill Thomas, Chairman (R)
Rep. Roy Brown, Vice Chairman (R)
Rep. Trudi Schmidt, Vice Chairman (D)
Rep. Tom Dell (D)
Rep. John Esp (R)
Rep. Tom Facey (D)
Rep. Daniel Fuchs (R)
Rep. Dennis Himmelberger (R)
Rep. Larry Jent (D)
Rep. Michelle Lee (D)
Rep. Brad Newman (D)
Rep. Mark Noennig (R)
Rep. Holly Raser (D)
Rep. Diane Rice (R)
Rep. Rick Ripley (R)
Rep. Clarice Schrumpf (R)
Rep. Jim Shockley (R)
Rep. James Whitaker (R)

Members Excused: None.

Members Absent: None.

Staff Present: David Niss, Legislative Branch
Pati O'Reilly, Committee Secretary

Please Note: These are summary minutes. Testimony and
discussion are paraphrased and condensed.

Committee Business Summary:

Hearing(s) & Date(s) Posted: SB 77, SB 82, SB 169, 3/9/2001
Executive Action: HB 486, SB 169, SB 108, SB 135

EXECUTIVE ACTION ON HB 486

Motion: REP. NOENNIG moved that HB 486 DO PASS. {Tape : 2; Side : B; Approx. Time Counter : 21 - 22}

Discussion: Rep. Esp said he had missed the hearing and wondered if the statutory appropriations were in the governor's budget. Chairman Thomas said apparently not. Rep. Brown asked if anybody knew what had been happening in the Appropriations Human Services subcommittee as far as foster care goes and if they had done anything about the requests that are in this bill. Nobody knew anything specific. Rep. Brown said if this bill were passed out of committee, it would be a cat and dog bill with virtually no chance of going anywhere with its \$2.4 million statutory appropriation. {Tape : 2; Side : B; Approx. Time Counter : 22 - 26}

Substitute Motion: REP. WHITAKER moved that HB 486 BE TABLED. {Tape : 2; Side : B; Approx. Time Counter : 26 - 27.1}

Discussion: Rep. Raser said she knew that she would be a broken record on this and it wouldn't change the outcome of the vote, but she wanted to go on record because somebody has to go on record that even if it's not in the governor's budget, this is good policy. Obviously not for this session, but for future sessions, when the legislature is discussing these things, perhaps they ought to consider these things when they're also considering tax breaks. If we can't afford the basic services that our people need, maybe we need to increase revenues or at least keep revenues consistent with what the people of the state need. She said that she realizes it won't make a difference in this, but it should. {Tape : 2; Side : B; Approx. Time Counter : 27.1 - 29}

Motion/Vote: REP. WHITAKER moved that HB 486 BE TABLED. Motion carried 10-8 with Dell, Facey, Jent, Lee, Newman, Raser, Schmidt, and Schrupf voting no. {Tape : 2; Side : B; Approx. Time Counter : 29 - 30}

EXECUTIVE ACTION ON SB 169

Motion/Vote: REP. BROWN moved that SB 169 BE CONCURRED IN. Motion carried unanimously. Rep. Raser will carry the bill. {Tape : 3; Side : A; Approx. Time Counter : 0 - 1.3}

EXECUTIVE ACTION ON SB 108

Motion: REP. SCHMIDT moved that SB 108 BE CONCURRED IN.

Motion: REP. SCHMIDT moved that SB 108 BE AMENDED.

Discussion: Two sets of amendments had been presented, and Rep. Schmidt said the first amendments to be considered were numbered SB010801.asf and had been requested by Sen. Franklin. EXHIBIT(3). Mr. Niss explained the amendments. After further discussion, the question was called for.

Motion/Vote: REP. SCHMIDT made a motion that SB 108 BE AMENDED. motion carried unanimously.

Motion: REP. NOENNIG made a motion that SB 108 BE AMENDED. {Tape : 3; Side : A; Approx. Time Counter : 1.3 - 12.2}

Discussion: Rep. Noennig presented an amendment numbered SB010801.and, which had been requested by the bill's sponsor, and he explained the amendment. Question was called for.

Motion/Vote: REP. NOENNIG made a motion that SB 108 BE AMENDED. motion carried unanimously.

Motion: REP. NOENNIG moved that SB 108 BE CONCURRED IN AS AMENDED.

Discussion: Rep. Esp said he had been concerned at first that Mt. State Hospital would be allowed to put all nurses on staff and no psychiatrists, but now he didn't think that's what we were doing. He had been assured that the nurses would still be under the authority of the Board of Nursing, and if they violated their scope of practice or their rules, they'd be reprimanded by the Board of Nursing. Chairman Thomas said he had discussed this bill with a woman in Billings who is in this category of nursing and had been reassured about their levels of expertise. Rep. Shockley called for the question.

Motion/Vote: REP. NOENNIG moved that SB 108 BE CONCURRED IN AS AMENDED. Motion carried 17-1 with Shockley voting no. Rep. Schmidt will carry the bill.{Tape : 3; Side : A; Approx. Time Counter : 12.2 - 15.4}

EXECUTIVE ACTION ON SB 135

Motion: REP. DELL moved that SB 135 BE CONCURRED IN.

Discussion: Rep. Rice said she was concerned about the subpoena powers and thought this was too broad of a scope to give to them. Rep. Schmidt said she had listed to the ombudsman give reports to the interim committee and felt that Ms. Adee would not be

SENATE BILL NO. 108

INTRODUCED BY E. FRANKLIN

BY REQUEST OF THE LEGISLATIVE FINANCE COMMITTEE

A BILL FOR AN ACT ENTITLED: "AN ACT DEFINING "MENTAL HEALTH PROFESSIONAL" AND "PROFESSIONAL PERSON" TO INCLUDE ADVANCED PRACTICE REGISTERED NURSES WITH A CLINICAL SPECIALTY IN PSYCHIATRIC MENTAL HEALTH NURSING; PROVIDING THAT ADVANCED PRACTICE REGISTERED NURSES WITH A CLINICAL SPECIALTY IN PSYCHIATRIC MENTAL HEALTH NURSING HAVE RIGHTS REGARDING MEDICATION IN MENTAL HEALTH FACILITIES; AND AMENDING SECTIONS 27-1-1101, 53-21-102, 53-21-145, AND 53-21-165, MCA."

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

SECTION 1. SECTION 27-1-1101, MCA, IS AMENDED TO READ:

"27-1-1101. Definition. As used in this part, "mental health professional" means:

- (1) a certified professional person as defined in 53-21-106;
- (2) a physician licensed under Title 37, chapter 3;
- (3) a professional counselor licensed under Title 37, chapter 23;
- (4) a psychologist licensed under Title 37, chapter 17; ~~or~~
- (5) a social worker licensed under Title 37, chapter 22; or
- (6) an advanced practice registered nurse, as provided for in 37-8-202, with a clinical specialty in psychiatric mental health nursing."

Section 2. Section 53-21-102, MCA, is amended to read:

"53-21-102. Definitions. As used in this part, the following definitions apply:

- (1) "Board" or "mental disabilities board of visitors" means the mental disabilities board of visitors created by 2-15-211.
- (2) "Commitment" means an order by a court requiring an individual to receive treatment for a mental disorder.
- (3) "Court" means any district court of the state of Montana.

1 (4) "Department" means the department of public health and human services provided for in
2 2-15-2201.

3 (5) "Emergency situation" means a situation in which any person is in imminent danger of death
4 or bodily harm from the activity of a person who appears to be suffering from a mental disorder and
5 appears to require commitment.

6 (6) "Friend of respondent" means any person willing and able to assist a person suffering from
7 a mental disorder and requiring commitment or person alleged to be suffering from a mental disorder and
8 requiring commitment in dealing with legal proceedings, including consultation with legal counsel and
9 others. The friend of respondent may be the next of kin, the person's conservator or legal guardian, if any,
10 representatives of a charitable or religious organization, or any other person appointed by the court to
11 perform the functions of a friend of respondent set out in this part. Only one person may at any one time
12 be the friend of respondent within the meaning of this part. In appointing a friend of respondent, the court
13 shall consider the preference of the respondent. The court may at any time, for good cause, change its
14 designation of the friend of respondent.

15 (7) "Mental disorder" means any organic, mental, or emotional impairment that has substantial
16 adverse effects on an individual's cognitive or volitional functions. The term does not include:

- 17 (a) addiction to drugs or alcohol;
- 18 (b) drug or alcohol intoxication;
- 19 (c) mental retardation; or
- 20 (d) epilepsy.

21 (8) "Mental health facility" or "facility" means a public hospital or a licensed private hospital that
22 is equipped and staffed to provide treatment for persons with mental disorders or a community mental
23 health center or any mental health clinic or treatment center approved by the department. A correctional
24 institution or facility or jail is not a mental health facility within the meaning of this part.

25 (9) "Next of kin" includes but is not limited to the spouse, parents, adult children, and adult
26 brothers and sisters of a person.

27 (10) "Patient" means a person committed by the court for treatment for any period of time or who
28 is voluntarily admitted for treatment for any period of time.

29 (11) "Peace officer" means any sheriff, deputy sheriff, marshal, police officer, or other peace
30 officer.

1 (12) "Professional person" means:

2 (a) a medical doctor; ~~or~~

3 (b) an advanced practice registered nurse, as provided for in 37-8-202, with a clinical specialty
4 in psychiatric mental health nursing; or

5 (c) a person who has been certified, as provided for in 53-21-106, by the department.

6 (13) "Reasonable medical certainty" means reasonable certainty as judged by the standards of a
7 professional person.

8 (14) "Respondent" means a person alleged in a petition filed pursuant to this part to be suffering
9 from a mental disorder and requiring commitment.

10 (15) "State hospital" means the Montana state hospital."
11

12 **Section 3.** Section 53-21-145, MCA, is amended to read:

13 **"53-21-145. Right to be free from unnecessary or excessive medication.** Patients have a right to
14 be free from unnecessary or excessive medication. A medication may not be administered unless at the
15 written order of a physician or advanced practice registered nurse WITH A CLINICAL SPECIALTY IN PSYCHIATRIC
16 MENTAL HEALTH NURSING. The attending physician or advanced practice registered nurse WITH A CLINICAL
17 SPECIALTY IN PSYCHIATRIC MENTAL HEALTH NURSING is responsible for all medication given or administered to
18 a patient. The use of medication may not exceed standards of use that are advocated by the United States
19 food and drug administration. Notation of each individual's medication must be kept in the individual's
20 medical records. The department ~~of public health and human services~~ shall adopt rules governing attending
21 physician or advanced practice registered nurse WITH A CLINICAL SPECIALTY IN PSYCHIATRIC MENTAL HEALTH
22 NURSING review of the drug regimen of each patient under the physician's or the advanced practice
23 registered nurse's care in a mental health facility, except that the drug regimen of inpatients in hospitals
24 must be reviewed no less than weekly. Except in the case of outpatients, all prescriptions must be written
25 with a termination date, which may not exceed 30 days. Medication may not be used as punishment, for
26 the convenience of staff, as a substitute for a treatment program, or in quantities that interfere with the
27 patient's treatment program."
28

29 **Section 4.** Section 53-21-165, MCA, is amended to read:

30 **"53-21-165. Records to be maintained.** Complete patient records must be kept by the mental

1 health facility for the length of time required by rules established by the department of public health and
2 human services. All records kept by the mental health facility must be available to any person authorized
3 by the patient in writing to receive these records and upon approval of the authorization by the board. The
4 records must also be made available to any attorney charged with representing the patient or any
5 professional person charged with evaluating or treating the patient. These records must include:

6 (1) identification data, including the patient's legal status;

7 (2) a patient history, including but not limited to:

8 (a) family data, educational background, and employment record;

9 (b) prior medical history, both physical and mental, including prior hospitalization;

10 (3) the chief complaints of the patient and the chief complaints of others regarding the patient;

11 (4) an evaluation that notes the onset of illness, the circumstances leading to admission, attitudes,
12 behavior, estimate of intellectual functioning, memory functioning, orientation, and an inventory of the
13 patient's assets in descriptive rather than interpretative fashion;

14 (5) a summary of each physical examination that describes the results of the examination;

15 (6) a copy of the individual treatment plan and any modifications to the plan;

16 (7) a detailed summary of the findings made by the reviewing professional person after each
17 periodic review of the treatment plan, required under 53-21-162(4), that analyzes the successes and
18 failures of the treatment program and includes recommendations for appropriate modification of the
19 treatment plan;

20 (8) a copy of the individualized discharge plan and any modifications to the plan and a summary
21 of the steps that have been taken to implement that plan;

22 (9) a medication history and status that includes the signed orders of the prescribing physician or
23 advanced practice registered nurse. The staff person administering the medication shall indicate by
24 signature that orders have been carried out.

25 (10) a summary of each significant contact by a professional person with the patient;

26 (11) documentation of the implementation of the treatment plan;

27 (12) documentation of all treatment provided to the patient;

28 (13) chronological documentation of the patient's clinical course;

29 (14) descriptions of any changes in the patient's condition;

30 (15) a signed order by a professional person for any restrictions on visitations and

1 communications;

2 (16) a signed order by a professional person for any physical restraints and isolation;

3 (17) a detailed summary of any extraordinary incident in the facility involving the patient, to be
4 entered by a staff member noting that the staff member has personal knowledge of the incident or
5 specifying any other source of information. The summary of the incident must be initialed within 24 hours
6 by a professional person.

7 (18) a summary by the professional person in charge of the facility or by an appointed agent of
8 the determination made after the 30-day review provided for in 53-21-163."

9 - END -